

1. DATE ISSUED: 11/03/2011		2. PROGRAM CFDA: 93.505		<div style="text-align: center;">  <p>U.S. Department of Health and Human Services HRSA Health Resources and Services Administration</p> </div> <p>NOTICE OF GRANT AWARD AUTHORIZATION (Legislation/Regulation) Patient Protection and Affordable Care Act, P.L. 111-148 Social Security Act, Title V, Section 511(b)(42 U.S.C. 701), as amended by the Patient Protection and Affordable Care Act of 2010 Affordable Care Act, P.L. 111-148 Social Security Act, Title V, Section 511 (42 U.S.C. §701), as amended by Section 2951 of the Patient Protection and Affordable Care Act of 2010 (Public Law 111-148) Social Security Act, Title V, Section 511 (42 U.S.C. §711), as amended by Section 2951 of the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148).</p>																																																						
3. SUPERSEDES AWARD NOTICE dated: 09/14/2011 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.																																																										
4a. AWARD NO.: 6 X02MC23103-01-01	4b. GRANT NO.: X02MC23103	5. FORMER GRANT NO.:																																																								
6. PROJECT PERIOD: FROM: 09/30/2011 THROUGH: 09/29/2013																																																										
7. BUDGET PERIOD: FROM: 09/30/2011 THROUGH: 09/29/2013				8. TITLE OF PROJECT (OR PROGRAM): Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visiting Program																																																						
9. GRANTEE NAME AND ADDRESS: INDIANA STATE DEPARTMENT OF HEALTH 2 N. Meridian Street Indianapolis, IN 46204-3021																																																										
11. APPROVED BUDGET: (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation				10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Mary Weber INDIANA STATE DEPARTMENT OF HEALTH 2 N Meridian St Indianapolis, IN 46204-3021																																																						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">a. Salaries and Wages :</td> <td style="width:50%; text-align: right;">\$0.00</td> </tr> <tr> <td>b. Fringe Benefits :</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>c. Total Personnel Costs :</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>d. Consultant Costs :</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>e. Equipment :</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>f. Supplies :</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>g. Travel :</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>h. Construction/Alteration and Renovation :</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>i. Other :</td> <td style="text-align: right;">\$9,386.00</td> </tr> <tr> <td>j. Consortium/Contractual Costs :</td> <td style="text-align: right;">\$2,207,492.00</td> </tr> <tr> <td>k. Trainee Related Expenses :</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>l. Trainee Stipends :</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>m. Trainee Tuition and Fees :</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>n. Trainee Travel :</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>o. TOTAL DIRECT COSTS :</td> <td style="text-align: right;">\$2,216,878.00</td> </tr> <tr> <td>p. INDIRECT COSTS (Rate: % of S&W/TADC) :</td> <td style="text-align: right;">\$1,502.00</td> </tr> <tr> <td>q. TOTAL APPROVED BUDGET :</td> <td style="text-align: right;">\$2,218,380.00</td> </tr> <tr> <td> i. Less Non-Federal Share:</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td> ii. Federal Share:</td> <td style="text-align: right;">\$2,218,380.00</td> </tr> </table>				a. Salaries and Wages :	\$0.00	b. Fringe Benefits :	\$0.00	c. Total Personnel Costs :	\$0.00	d. Consultant Costs :	\$0.00	e. Equipment :	\$0.00	f. Supplies :	\$0.00	g. Travel :	\$0.00	h. Construction/Alteration and Renovation :	\$0.00	i. Other :	\$9,386.00	j. Consortium/Contractual Costs :	\$2,207,492.00	k. Trainee Related Expenses :	\$0.00	l. Trainee Stipends :	\$0.00	m. Trainee Tuition and Fees :	\$0.00	n. Trainee Travel :	\$0.00	o. TOTAL DIRECT COSTS :	\$2,216,878.00	p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$1,502.00	q. TOTAL APPROVED BUDGET :	\$2,218,380.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$2,218,380.00	12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">a. Authorized Financial Assistance This Period</td> <td style="width:20%; text-align: right;">\$2,218,380.00</td> </tr> <tr> <td>b. Less Unobligated Balance from Prior Budget Periods</td> <td></td> </tr> <tr> <td> i. Additional Authority</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td> ii. Offset</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>c. Unawarded Balance of Current Year's Funds</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>d. Less Cumulative Prior Awards(s) This Budget Period</td> <td style="text-align: right;">\$2,218,380.00</td> </tr> <tr> <td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td> <td style="text-align: right;">\$0.00</td> </tr> </table>			a. Authorized Financial Assistance This Period	\$2,218,380.00	b. Less Unobligated Balance from Prior Budget Periods		i. Additional Authority	\$0.00	ii. Offset	\$0.00	c. Unawarded Balance of Current Year's Funds	\$0.00	d. Less Cumulative Prior Awards(s) This Budget Period	\$2,218,380.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00
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15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR 92.25 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: A=Addition B=Deduction C=Cost Sharing or Matching D=Other [B] Estimated Program Income: \$0.00				13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project) <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width:30%;">YEAR</th> <th style="width:70%;">TOTAL COSTS</th> </tr> <tr> <td colspan="2">Not applicable</td> </tr> </table>			YEAR	TOTAL COSTS	Not applicable																																																	
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16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: <small>a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 74 or 45 CFR Part 92 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.</small>				14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">a. Amount of Direct Assistance</td> <td style="width:20%; text-align: right;">\$0.00</td> </tr> <tr> <td>b. Less Unawarded Balance of Current Year's Funds</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>c. Less Cumulative Prior Awards(s) This Budget Period</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td> <td style="text-align: right;">\$0.00</td> </tr> </table>			a. Amount of Direct Assistance	\$0.00	b. Less Unawarded Balance of Current Year's Funds	\$0.00	c. Less Cumulative Prior Awards(s) This Budget Period	\$0.00	d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00																																												
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REMARKS: (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No) This NGA is issued to remove one or more Grant Conditions imposed on projects. <i>Electronically signed by Mickey Reynolds , Grants Management Officer on : 11/03/2011</i>																																																										
17. OBJ. CLASS: 41.45	18. CRS-EIN: 1356000158A8	19. FUTURE RECOMMENDED FUNDING: \$0.00																																																								
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE																																																				
11 - 3895600	93.505	X02MC23103A0	\$0.00	\$0.00	N/A	N/A																																																				

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NGA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NGA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants.hrsa.gov/webexternal/login.asp> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772; 301-998-7373.

Terms and Conditions

Failure to comply with the special remarks and condition(s) may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. This revised Notice of Grant Award acknowledges receipt of the revised budget information and biosketches as submitted through EHB prior approval dated October 19, 2011 in response to the three Conditions of Award; therefore, we find the changes acceptable and the three Conditions are removed.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NGA Email Address(es):

Name	Role	Email
Mary Weber	Program Director	mweber@isdh.in.gov
Allen Collier	Business Official	acollier@isdh.in.gov
Stacy Fitzsimmons	Point of Contact	sfitzsimmons@isdh.in.gov
Sean Keefer	Authorizing Official	skeefer@isdh.in.gov

Note: NGA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Josephine Ansah at:

HRSA/OPR
233 N Michigan Ave
Chicago, IL, 60601-5519
Email: jansah@hrsa.gov
Phone: (312)353-2879

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Mickey Reynolds at:

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